EST. 1908
SUNY MORRISVILLE

Adjunct Appointment Request Form

EMPLOYEE INFORMATION

Name (First, MI, Last): _____

Address: _____
Street *Apt./Box#* *City* *State* *Zip*

Telephone: _____ E-mail: _____

School/Department: _____ Account: _____

COURSE INFORMATION

Course (Title and Prefix): _____

CRN #: _____ Number of Credits: _____ Date/Time of Class: _____

Beginning Date: _____ Ending Date: _____

Course (Title and Prefix): _____

CRN #: _____ Number of Credits: _____ Date/Time of Class: _____

Beginning Date: _____ Ending Date: _____

Course (Title and Prefix): _____

CRN #: _____ Number of Credits: _____ Date/Time of Class: _____

Beginning Date: _____ Ending Date: _____

ATTACHMENT CHECKLIST / ADDITIONAL INFORMATION

☐ Resume ☐ Background check authorization form ☐ Form I-9, tax withholding forms

Additional Information:

APPROVAL

Dean: _____
Signature *Date*

FOR HR USE ONLY

Title: _____

Base Rate: _____ Total compensation for above assignments: _____

Check if eligible:

Health Insurance Sick Leave Accrual _____ Days/mo.

Appointment Type:

Temporary Term